ARS-425 template for ARIS data entry: Approval to Accept and Use Funds from Outside Sources **(Incoming Funds)** **Definition of an Outside Source:** Any organization/institution/entity that is not ARS	

<mark>**Start Date:**</mark> (mm/dd/year): _____	<mark>**End Date:**</mark> (mm/dd/year): _____

<mark>**Contact Info:**</mark> (ARS scientist submitting proposal)	_____, _____, _____ (_____) _____ - _____ (Last name) (First name) (MI) Phone number
Type: (Role of the ARS scientist)	X Principal
Type of Agreement:	X Trust (used when the funds come from company or non-profit org.)
Primary Agreement Holder:	X YES=The Unit scientist will receive the funds & will be responsible for the research project.
<mark>**Primary Agreement Proposed Total Funds:**</mark>	$ _____ Enter the dollar amount for the entire proposal.
<mark>**Purpose of Funds:**</mark>	___ Research, funds requested will be equal to/or less than $25,000 ___ Research, funds requested will be greater than $25,000
<mark>**Remarks:**</mark>	
<mark>**Source of Funds (SOF):**</mark> Name of the organization/entity providing the funds to ARS.	___ **Original SOF:** Leave blank ___ <mark>**Direct SOF:**</mark>_____ **(*Required Field)**
<mark>**IPSC Waiver:**</mark> (overhead) (**I**ndirect **P**rogram **S**upport **C**osts) If the research proposal doesn't fit one of the criteria listed to the right, then IPSC (overhead) is charged. IPSC = 10% of the gross $ received	___ The proposed amount of the incoming funds is $5,000 or less over the life of project. ___ Charging IPSC is expressly prohibited by statute or by the written bylaws of the organization providing the funds (HQ may request documentation to verify). ___ Research agreement is being entered into with a USDA Action & Regulatory Agency (Only if it is one of these: Ag Marketing Service; APHIS; Farm Service Agency; Foreign Agric. Service; FSIS; GIPSA; and NRCS). ___ Research agreement is being entered into with a nonprofit organization as identified by the IRS or the National Directory of Nonprofit Organizations.
<mark>**Financial Dealings:**</mark> (Conflict of Interest question)	___ **NO** ___ **YES** Do you, or any full-time resident of your household, have any activity or financial interest (dealings) with the Cooperating Organization?
<mark>**How are funds to be used?**</mark> Think of this section as a mini-budget explanation. **Cat. 1 & 4 salaries cannot be used (HQ restriction).** IPSC (overhead) is entered into the Other Costs line	**Supplies:** $_____ **Equipment:** $_____ **RSA:** $_____ *(Use is restricted/limited. Contact Jim Quaratino at 970-492-7029)* **Other Fed. Salaries:** $_____ (Use for post-doc, temp. technicians, grad. students) **Travel:** $_____ **Other Costs:** $_____ (Includes IPSC (overhead); publication; computer; and/or funds for a Coop. Agreement) **TOTAL PROPOSED:** $_____ (Total of all items above for the amount to ARS)
<mark>**ARS FTE:**</mark> Enter the **F**ull **T**ime **E**quivalency for the entire period of the proposal (not just for one year).	_____ <mark>(FTE must be filled in if funds are entered in Other Federal Salaries block above).</mark> Can be entered as follows: 0.10 (10% time); 0.25 (25% time); 0.60 (60% time).
<mark>**FTE:**</mark> Will the research require more FTE than currently available to SY/MU?	___ **YES** If Yes, list number of FTE needed: _____ ___ **NO**

Title of Proposal:	
Type of Work to be Completed:	
Work to be Performed:	___ **In-house:** (Select this if all of the funds received will stay within the ARS unit for their use) ___ **Both:** (Select this if part of the funds ARS receives will stay within ARS **and** part of the funds will go to a university under a Cooperative Agreement)
Extramural Agreement Type: (Leave blank if all of the funds are to remain within ARS).	___ **Specific Cooperative Agreement** ___ **Research Support Agreement** *(Contact Jim Quaratino/970-492-7029 for assistance/approval)*
Deliverables: What will ARS do in return for receiving funds?	
Principal Performing Organization: **NEVER LIST ARS**	_____ Fill this section out only if ARS will fund a Specific Cooperative or Grant Agreement with a university with all or part of the funds. **Provide the name of the university.**
Extramural Amount: Use only if ARS is going to provide funds to a university to assist with the research.	$ _____ Enter the dollar amount going to the university *(Contact Jim Quaratino/970-492-7029)*
If part or all of funds will be used for Extramural Research, give reason: *This includes using the RSA.*	
Is the proposed research directly related to the in-house project of SY?	___ **YES** ___ **NO** (If NO, enter an explanation as to why the scientist is submitting the 425)
STP/SOI Codes: **STP codes:** 1 minimum/2 maximum **SOI codes:** 1 minimum; 4 maximum	**Definition of codes:** **STP** = **St**rategic **P**lan and **SOI** = **S**ubject **o**f **I**nvestigation _____ STP code #1 _____ STP code #2 _____ SOI code #1 _____ SOI code #2 _____ SOI code #3 _____ SOI code #4